

2013 Montana Income Tax Return for Estates and Trusts



Form FID-3	Include a complete copy of the federal Form 1041 and all related forms and schedules.

	For	calendar	year 2013 or tax year beginning) 2 0 1 3 an	d ending	1 D D	YYYY	
		at apply.	Name of Estate or Trust			FEIN			
	nitial r	eturn							
	inal re	eturn	Name and Title of Fiduciary			Date Entity Crea	ted M	M D D Y Y Y	/ Y
	Amend	led return				Enter number of:			
	Refund	l return	Mailing Address			Schedules K-1 inclu	ded		П
	NOL ca	arryback				Resident beneficiari	es		П
		or filing	City	State	Zip Code + 4	Nonresident benefic	iaries		П
	rust m Sec. 64	aue a 45 election				Other types of bene	ficiaries		Ħ
Entit	у Туре)				Residency Status			
	Deced	ent's	Qualified disability trust	Bankruptcy esta	ite (Chapter 11)	Resident	R	esident part-year	
(estate		ESBT	Pooled income f	fund	Nonresident	S	tate moved to	Т
	Simple	trust	Grantor type trust	Qualified funera	l trust		S	tate moved from	
	Comple	ex trust	Bankruptcy estate (Chapter 7)	Other		Date of char	nge M	M D D Y Y Y	/ Y
	Eı	nter amounts	s on lines 1 through 17 corresponding to yo	our federal return.	Round to the nearest do	llar. If no entry, leave b	olank.		
	1		come						00
	2		ividends						00
	3	-	ncome or (loss).		Business Code/NAICS		3		00
	4		ain or (loss)						00
ne	5		byalties, partnerships, other estates and trusts, etc						00
Income	6	,	n income or (loss)						00
_	7	Ordinary ga	Ordinary gain or (loss)				7		00
	8	Other incor	ther income. List type and amount				8		00
	9	Add lines 1	Add lines 1 through 8. Total federal income				9		00
		Line 9 mus	ine 9 must equal the total income reported on federal Form 1041 (see instructions for Electing Small Business Trust).						
	10	Interest					10		00
	11	Taxes (do r	not include federal income tax deduction)				11		00
	12	Fiduciary fe	ees	pes					00
	13	Charitable	deduction				13		0.0
<u>_</u>	14	Attorney, a	ccountant, and return preparer fees				14		00
ptio	15a	Other dedu	uctions not subject to the 2% floor (include	schedule)			15a		00
Exen	15b	Allowable r	miscellaneous itemized deductions subject	to 2% floor			15b		00
and E			0 through 15b						00
Deductions and Exemption	17			usted total income or (loss). Subtract line 16 from line 9. (The amount on this line must equal federal Form 7.)					0.0
edu	18	Montana a	dditions from Schedule A, line 10				18		00
	19	Montana de	eductions and subtractions from Schedule	B, line 9			19		00
	20	Add lines 1	7 and 18, then subtract line 19. Montana a	adjusted total inc	ome or (loss)		20		00
	21		ncome distribution deduction from Schedule						00
	22	Exemption					22	2280	00
	23		21 and 22. Total Montana income distribu		•				00
	24	Subtract lin	ne 23 from line 20. Montana taxable incon	ne			24		00

Form FID-3, Page 2 – 2013

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	25	Montana taxable income from line 24	25	0.0
	26	Tax from the tax table. If line 25 is zero or less, enter zero		00
	27	2% capital gains tax credit on undistributed capital gains from Schedule E, line 4	27	00
	28	Subtract line 27 from line 26. If zero or less, enter zero. Resident tax after capital gains tax credit		00
ţs	28a	Nonresident, resident part-year tax after capital gains credit from Schedule F, line 17, but not less than zero		00
Taxes and Credits	29	Tax on lump sum distributions	29	00
o pu	30	Add line 28 or 28a and line 29. Total tax.	30	00
es a	31	Credit for taxes paid to other states or countries (see instructions on page 21)	31	00
Тах	32	Other nonrefundable credits. List credit form(s)	32	0.0
	33	Add lines 31 and 32. Total nonrefundable credits.	33	00
	34	Subtract line 33 from line 30. If zero or less, enter zero	34	00
	35	Endowment credit recapture tax	35	00
	36	Add lines 34, 35 and the ESBT tax liability from Schedule G, line 12. Tax liability.	36	00
	37a	Total Montana income tax withheld. Include federal Form(s) W-2 and 1099	0.0	100
	37b	Montana income tax withheld allocated to beneficiaries	00	
	37	Subtract line 37b from 37a. Montana income tax withheld allocable to the estate or trust.	37	00
Ф	38a	Total Montana pass-through entity withholding. Include Montana Schedule K-1	00	
dabl	38b	Montana pass-through entity withholding allocated to beneficiaries	00	
Juni	38	Subtract line 38b from 38a. Montana pass-through entity withholding allocable to the estate or trust	38	00
Payments and Refundable Credits	39a	Total Montana mineral royalty tax withheld. Include federal Form(s) 1099 and supporting schedule if any	00	
ents	39b	Mineral royalty tax withheld allocated to beneficiaries	00	
yme	39	Subtract line 39b from 39a. Mineral royalty tax withheld allocable to the estate or trust	39	00
Ра	40	2013 estimated tax payments and amount applied from the 2012 return	40	00
	41	2013 extension payments from Form EXT-FID-13	41	00
	42	Refundable credits. List credit form(s)	42	00
	43	Add lines 37 through 42. Total payments and refundable credits	43	00
×	44	If line 36 is greater than line 43, subtract line 43 from line 36. Tax due .	44	00
Тах	45	If line 43 is greater than line 36, subtract line 36 from line 43. Tax overpaid.	45	00
pu	46	Interest on underpayment of estimated taxes (see instructions on page 6)	46	00
nalties ar Interest	47	Late file, late payment penalties and interest (see instructions and table on page 6)	47	00
Penalties and Interest	48	Other penalties (see instructions on page 6)	48	00
Per	49	Add the amounts on lines 46 through 48. Total penalties and interest.	49	00

Continue to page 3 for the calculation of the amount the entity owes or its refund.

2013 Montana Fiduciary Income Tax Table

2010 Montana i lat					
If Your Taxable	But Not	Multiply	And	This Is	
Income Is More	More Than	Your Taxable	Subtract	Your Tax	
Than		Income By			
\$0	\$2,800	1% (0.010)	\$0		
\$2,800	\$4,900	2% (0.020)	\$28		
\$4,900	\$7,400	3% (0.030)	\$77		
\$7,400	\$10,100	4% (0.040)	\$151		

If Your Taxable Income Is More		Multiply Your Taxable	And Subtract	This Is Your Tax
Than		Income By		
\$10,100	\$13,000	5% (0.050)	\$252	
\$13,000	\$16,700	6% (0.060)	\$382	
More Than \$16,700		6.9% (0.069)	\$532	

For example:

Taxable income \$6,800 X 3% (0.030) = \$204

\$204 minus \$77 = \$127 tax

Questions? Call us toll free at (866) 859-2254 (in Helena, 444-6900) or TDD (406) 444-2830 for hearing impaired.



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Amount the Entity Owes or Its Refund	50	overpayment (ar	mount on line 45) ar	nd it is less than line 49	d lines 44 and 49 OR, if the 9, subtract line 45 from line	49. Enter the	e result.	50		00
Entit		Why not e-pay	y? See your option	s at revenue.mt.gov.	If writing a check, please m	nake it payab	ole to MONTANA DE	<i>EPARTMENT</i>	OF REVENU	E.
int the Entity or Its Refund	51				ne 45) and it is greater than					00
mon	52	Enter the amour	nt on line 51 that the	estate or trust wants	applied to the 2014 estimat	ed tax		52		0.0
⋖	53	Subtract line 52	from line 51 and en	ter the result. Refund.				53		0.0
Y Com	our plete	Deposit Refund 1, 2, 3 and 4 e instructions).			2. ACCT# ust is required to mark one I is located outside of the Ur		Checking or its territories?	Savings	Yes	No
		ies of false swear is true, correct, a		have examined this re	eturn, including accompanyi	ing schedule		and to the bes	st of my knowl	edge
Signati	ure of	Fiduciary (or offic	cer representing fidu	ıciary)	Date		al institution)	Telephone	e Number	
X			-	-						
Print/T	ype Pr	reparer's Name		Preparer's Signature	9	Date		PTIN		
Firm's	Name							Firm's FEI	N	
Firm's	Addre	SS						Telephone	Number	
May the	e DOR	discuss this retu	urn with the tax prep	arer? Yes	No					
Please	e send	your completed	Form FID-3 to:	Montana Department PO Box 8021 Helena, MT 59604-80			Parkan Contract) -file	See online at revenue	•
				Schedule	A - Schedule of Add	litions				
1	nteres	st and mutual fund	d dividends from sta	nte, county or municipa	al bonds from other states			1		00
2 Dividends not included in federal total income					2		00			
3	3 Taxable federal refund					3		00		
4 (4 Other recoveries of amounts deducted in earlier years that reduced Montana taxable income					4		00		
5 I	5 Montana income taxes paid or accrued					5		00		
6	Compe	ensation and exp	enditures used to co	ompute the film produc	ction credit			6		00
7 1	nsure	Montana Small E	Business Health Ins	urance Program premi	iums used to compute the c	credit		7		00
8	Expen	ses allocated to l	U.S. obligations					8		00
9 (Other	income. List type	and amount					9		0.0

Form	LID 3	Page 4	Λ	2012
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	Schedule B – Schedule of Deductions/Subtractions					
1	Federal income tax deduction	00				
2	Exempt interest and mutual fund dividends from federal bonds, notes, and other obligations	00				
3	State tax refunds included on Form FID-3, line 8	00				
4	Other recoveries of amounts deducted in earlier years that did not reduce Montana taxable income	00				
5	Partial pension and annuity income exemption (see worksheet and instructions)	00				
6	Subtraction for federal taxable U.S. Railroad Retirement Board benefits (Tier I and Tier II)6	00				
7	Expenses allocated to other states' interest and mutual fund dividends	00				
8	Other subtractions. List type and amount8	00				
9	Total deductions/subtractions (add lines 1 through 8). Enter the total on Form FID-3, line 199	0.0				

	Schedule C – Montana Distributable Net Income (MDNI) and Montana Income Dis	tribution Deduction (MID	D)
1	Montana adjusted total income or (loss) from Form FID-3, line 20. If Montana adjusted total income AND the tot Form FID-3, line 4 are losses, use the smaller loss (see instructions)		00
2a	Add: Federal tax exempt income (gross)2a	00	
2b	Less: Expenses allocated to federal tax exempt income	00	
2c	Add: Income from federal obligations that is tax exempt for Montana2c	00	
2d	Less: Expenses allocated to income from federal obligations that are tax exempt for Montana2d	00	
2e	Add: Expenses allocated to non-Montana municipal income taxable to Montana2e	00	
2f	Less: Non-Montana municipal income taxable to Montana2f	00	
2	Montana adjusted tax exempt interest income	2	0.0
3a	Enter the amount from federal Form 1041, Schedule B, line 3	00	
3b	Enter the amount from federal Form 1041, Schedule B, line 4	00	
3c	Enter the amount from federal Form 1041, Schedule B, line 5	00	
3	Total net capital gains. Add lines 3a through 3c	3	0.0
4	If the amount on Form FID-3, line 4 is a gain, enter as a negative number. If the amount on Form FID-3, line 4 is enter the loss as a positive number (see instructions)	s a loss, 4	00
5	Montana distributable net income. Combine lines 1 through 4. If zero or less, enter zero (see instructions)	5	0.0
6	If a complex trust, enter the accounting income for the tax year as determined under the governing instrument	00	
7	Income required to be distributed currently	7	0.0
8	Other amounts paid, credited or otherwise required to be distributed	8	0.0
9	Actual total distributions for the year. Add lines 7 and 8	9	0.0
10	Tax exempt income included in actual distributions included on line 9	10	0.0
11	Tentative income distribution deduction based on actual distributions. Subtract line 10 from line 9	11	0.0
12	Tentative income distribution deduction. Subtract line 2 from line 5. If zero or less, enter zero	12	0.0
13	Montana income distribution deduction. Enter the smaller of line 11 or line 12 and on Form FID-3, line 21. If enter zero	·	00



Form	FID-3.	Page	5 –	2013

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Schedule D – Beneficiaries and Montana Income Distributions

List name and address of each beneficiary receiving distributions reported on Form FID-3, line 21. If more than 10 beneficiaries, please see instructions.

Beneficiary Information: Name Residency Status Stat		A		В	С	D
SSN		Name Street Address	Identification Number		Residency Status	Distribution Received
FEIN	1				Resident	
Resident Resident part-year Resident part-yea			SSN		Resident part-year	
SSN			FEIN		Nonresident	00
FEIN	2				Resident	
Resident SSN Resident Resident OO			SSN			
SSN			FEIN		Nonresident	00
FEIN	3				Resident	
Resident			SSN		Resident part-year	
SSN			FEIN		Nonresident	00
SSN	4				Resident	
Resident SSN			SSN			
Resident			FEIN		Nonresident	00
SSN	5				Resident	
6 SSN Resident part-year Resident part-year SSN Resident part-year S			SSN			
Resident Resident part-year			FEIN		Nonresident	00
SSN	6				Resident	
7 Resident SSN Resident part-year FEIN Nonresident 8 SSN Resident part-year Nonresident SSN Resident part-year FEIN Nonresident 9 Resident SSN Resident part-year FEIN Nonresident 10 Resident SSN Resident part-year FEIN Nonresident 00 Resident part-year FEIN Nonresident 00 Resident part-year FEIN Nonresident			SSN			
Resident part-year SSN Resident part-year FEIN Nonresident Resident part-year			FEIN		Nonresident	00
SSN Resident part-year Nonresident Resident Resident SSN Resident part-year Resident part-year Resident part-year Resident part-year Resident SSN Resident R	7				Resident	
Resident SSN Resident part-year FEIN Nonresident Resident SSN Resident part-year Resident part-year Resident part-year FEIN Nonresident SSN Resident FEIN Nonresident The Nonresident OO Resident FEIN Nonresident OO Resident			SSN			
Resident SSN Resident part-year Nonresident SSN Resident Resident Nonresident OO Resident part-year Resident part-year Resident part-year Resident part-year Resident FEIN Nonresident OO Resident FEIN Nonresident OO			FEIN		Nonresident	00
SSN Resident part-year FEIN Nonresident 9 Resident SSN Resident part-year FEIN Nonresident 00 Resident part-year FEIN Nonresident 00 FEIN Nonresident 00 FEIN Resident part-year FEIN Nonresident 00	8				Resident	
9 Resident SSN Resident part-year FEIN Nonresident 00 Resident part-year FEIN Resident Nonresident FEIN Nonresident 00 10 Resident part-year FEIN Nonresident 00			SSN			
9 Resident SSN Resident part-year FEIN Nonresident 10 SSN Resident part-year FEIN Nonresident SSN Resident part-year FEIN Nonresident 00			FEIN		Nonresident	00
SSN Resident part-year FEIN Nonresident Resident part-year SSN Resident part-year FEIN Nonresident OO	9				Resident	
FEIN Nonresident 00 Resident Resident part-year Nonresident 00			SSN			
10 Resident SSN Resident part-year FEIN Nonresident 00			FEIN			00
SSN Resident part-year Nonresident 00	10				Resident	
FEIN Nonresident 00			SSN			
T-11					Nonresident	00
					Total	

Form	FID-3.	Page	6 -	201	3

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	Form FID-3, Page 6 – 2013	FEIN		
	Schedule E – Capital Gains Tax Credit	Calcul	lation	
1	Enter the capital gain or (loss) from Form FID-3, line 4		1	00
2	Enter the net capital gains reported on federal Form 1041, Schedule D, Part III, line 15 column	n (1) Ben	neficiaries2	00
3	Subtract line 2 from line 1. Net capital gains eligible for the credit		3	0.0

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Schedule F - Nonresident/Resident Part-Year Estate and Trust Tax

		A Total income	B Montana source income included in column A
1	Interest income	00	00
2	Ordinary dividends2	00	00
3	Business income or (loss)	00	00
4	Capital gain or (loss)4	00	00
5	Rental real estate, royalties, partnerships, S corporations, other estates and trusts, etc5	00	00
6	Farm income or (loss)6	00	00
7	Ordinary gain or (loss)7	00	00
8	Other income	00	00
9	Interest and mutual fund dividends from other states' state, county or municipal bonds9	00	00
10	Dividends not included in total federal income10	00	00
11	Taxable federal refund11	00	00
12	Other recoveries of amounts deducted in earlier years that reduced Montana taxable income	00	00
13	Other additions	00	00
14	Add lines 1 through 13 and enter the result here. Column B is the estate or trust's Montana source income	00	00
15	Divide the amount in column B, line 14 above by the amount in column A, line 14 above and en decimal places and do not enter more than 1.000000		
16	Enter the resident tax after capital gains tax credit reported on Form FID-3, line 28	16	00
17	Multiply the tax on line 16 by the percentage on line 15 and enter here and on Form FID-3, line nonresident/resident part-year tax after capital gains tax credit		00

Schedule F applies to nonresident and resident part-year estates and trusts only. The fiduciary will use this schedule to compute the ratio of Montana source income to total income. This ratio is then multiplied by the resident tax from FID-3, line 28 to determine the nonresident or resident part-year tax to be reported on FID-3, line 28a.

Column A - Enter on lines 1 through 13 the total income from Form FID-3, lines 1 through 8 and Schedule A.

Column B - Enter on lines 1 through 13 the Montana source income from Form FID-3, lines 1 through 8 and Schedule A.

How does a nonresident estate or trust determine its Montana source income?

For further information and a line-by-line description of Montana source income, refer to Form FID-3, Schedule F instructions beginning on page 12.

Form	FID-:	R Page	– 7 د	2013

Other nonrefundable credits. List credit form(s)

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	Schedule G – Electing Small Business Trust	Tax Calculation	
1	Total federal adjusted ESBT income (include federal schedule)	1	00
2a	Montana additions to ESBT income (include statement)2a	0.0	
2b	Montana deductions to ESBT income (include statement)2b	0.0	
2	Subtract line 2b from 2a	2	00
3	Add lines 1 and 2. Montana adjusted ESBT income.	3	00
4	Tax from tax table. If line 3 is zero or less, enter zero	4	00
5a	Net capital gains reported on line 35a	0.0	
5	Multiply line 5a by 2%. Capital gains tax credit.	5	00
6	Subtract line 5 from line 4. If zero or less, enter zero. Resident tax after capital gains tax cre	edit6	00
	If a resident or resident part-year trust, complete lines 7a and 7. If a nonresident trus	t, skip lines 7a and 7.	
7a	Enter the total credit for income taxes paid to another state or country (see instructions)7a	0.0	
7	Subtract line 7a from line 6	7	00
	If a nonresident or resident part-year trust, complete lines 8a through 8c and 8. If a resident and 8.	trust, skip lines 8a through 8c	
8a	Enter the amount from lines 1 and 2a8a	0.0	
8b	Enter the Montana source income reported on line 3. Include Montana Schedule(s) K-18b	00	
8c	Divide the amount on line 8b by the amount on line 8a (round to 6 decimal places)8c		
8	Multiply the amount on line 8c by line 6 if a nonresident trust. Multiply the amount on line 8c by	line 7 if a resident part-year	

trust. Nonresident or resident part-year trust tax after capital gains tax credit.......

Tax on lump sum distributions9

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Form FID-3, Page 8 – 2013	FEIN	

Schedule H -	Danartina	of Choolel	Transastiana
Schedille H =	REDOUTION	or Special	Trangactions
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Complete Schedule H only if the estate or trust filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) the estate or trust filed with the Internal Revenue Service for this tax year. If the answer is "Yes" to one or more of these forms, the entity will need to include a complete copy of the federal Form 1041.

	plete copy of the federal Form 1041.
1	The estate or trust filed federal Form 8918 – Material Advisor Disclosure Statement with the Internal Revenue Service
2	The estate or trust filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service
	Form 8824 is used to report each exchange of business or investment property for property of a like kind.
3	The estate or trust filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service
	Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).
4	The estate or trust filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service

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